

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF

ADDRESS: 3000 ARCTIC BLVD.

ANCHORAGE

AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

Form Approved

OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF—301 (H)

LOCATION: ANCHORAGE, AK 99502

ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 08 | 02 | 01 TO 08 | 02 | 29

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	11.4	(04)	N/A	FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C	N/A	FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C	N/A	FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5	(19)	N/A	FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO MIN	MG/L	N/A	FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	200	(19)	N/A	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	MG/L	N/A	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	150	(19)	0	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	300 DAILY MX	MG/L	0	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	131	(19)	0	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	140	(19)	0	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	240 MO AVG	MG/L	0	FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	250 WKLY AVG	MG/L	0	FOUR/ WEEK	COMP24
PH 00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	7.3	(12)	N/A	FOUR/ WEEK	GRAB
PH 00400 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MINIMUM	SU	N/A	FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Craig Woolard, P.E., Ph.D.

Director, Treatment Division

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

(907)564-2799

08/03/10

AREA CODE NUMBER

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning and pigging for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

Forms by WindowChem(707)864-0845; p/n11060; v5.01; 4/1/96. Rev. 1/05, B

1015 03/18/08

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ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
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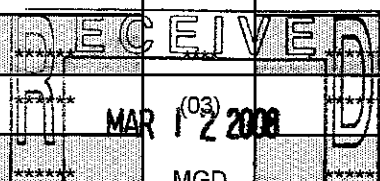
FACILITY: JOHN M. ASPLUND WWTF—301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD			
FROM	08	02	01
TO	08	02	29

*** NO DISCHARGE ☐ ***

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PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	***	7.0	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.5	*****	8.5	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	46121	*****	(26)	*****	202	*****	(19)	N/A	FOUR/WEEK	COMP24
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
RAW SEW/INFLUENT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	16490	(26)	*****	*****	60	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12028	14079	(26)	*****	50	55	(19)	0	FOUR/WEEK	COMP24
00530 1 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	***	*****	16.8	*****	(19)	N/A	ONCE/MONTH	COMP24
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE											
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	***	*****	7	*****	(30)	0	THREE/WEEK	GRAB
31615 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
EFFLUENT GROSS VALUE											
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	28.334	*****	MGD	*****	*****	*****	***	N/A	CONTINUOUS	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	***		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE											



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[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE: (907)564-2799
DATE: 08/03/10
AREA CODE NUMBER: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Due to sickness of analyst/sampler during the week of Feb. 3rd - Feb. 9th only three samples were taken for temp, pH, and dissolved oxygen. 5 samples taken the following week. Due to plant operator error weekend of Feb. 23rd only three valid Fecal Coliform analyses were performed that week. 4 valid samples analyzed the following week.

Forms by WindowChem(707)884-0845;ph11090;v5.01;4/1/96. Rev. 1/05, B

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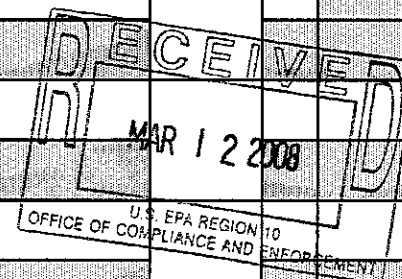
MONITORING PERIOD

FROM 08 | 02 | 01 TO 08 | 02 | 29

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.9	(19)	0	EVERY 3 HRS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	35	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	75	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD



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WET Testing results for January 28th-29th composite sample included with this report. See attached analytical report for specifics.

Forms by WindowChem(707)864-0845;pn11090;v5.01/4/1/98. Rev. 1/05, B1